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	Application Number	09/828,592							
TRANSMITTAL	Filing Date	04/06/2001							
FORM	First Named Inventor	WALSTON							
(to be used for all correspondence after initial fo	(Iling) Art Unit	1653							
	Examiner Name	MONDESI, Robert							
Total Number of Pages in This Submission	16 Attorney Docket Number	054030-0043 (Previously 13735.1USU1)							
ENCLOSURES (Check all that apply)									
Fee Transmittal Form	Drawing(s)	After Allowence communication to Group							
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences							
Amendment/Repty	Petition								
After Final	Provisional Application	Proprietary Information							
Affidavits/declaration(s)	X Power of Attorney, Revocation Change of Correspondence Address								
X Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please Identify below):							
Express Abandonment Request	Request for Refund	Assignee Statement Under							
Information Disclosure Statement	CD, Number of CD(s)	3.73							
Certified Copy of Priority    Remarks									
Response to Missing Parts/	Correspondence Address	ey with New Power of Attorney and Change of pondence Address is included herewith. All							
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Response to Missing Parts under 37 CFR 1.52 or 1.53	Customet No. 31090.								
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Firm	ORE OF AFFLICANT, ATTORNO	ET, OR AGENT							
or Charles L. Le	eck, Reg. No. 50,343								
Signature CMC	LZIn								
Date 11/21/2003									
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I hereby certify that this correspondence is be	ing facsimile transmitted to the USPTO or	deposited with the United States Postal Service with ents, P.O. Box 1450, Alexandria, VA 22313-1450 on							
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FEE TRANSMITTAL  for FY 2004  Effective 1010112003. Patent fees are subject to annual revision.			Complete if Known						
			Application Number 09/828, 592						
						06/2001			
			First Named Inventor WAL						
X Applicant claims small entity status. See 37 CFR 1.27							obert		
		Art Unit 165							
TOTAL AMOUNT OF PAYMENT (\$) 55.00		Attorney Docket No. 054030-0043 (Previous						ısly	
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1004 770 2004 385 Reissue filing fee	140		2403		Request for on	-			
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SURMITTED BY (Complete (if applicable))									
Name (Print/Type) Charles L. Leeck Registration No. 50,343 Telephone 414-273-3500						2500			
Signature 4 7	CC		A(C(R)	יייי	3 <del>2 2 2</del> 2	Date	11/21/200		
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